

Trust Fund Management Authorization

Date: [Insert Date]

To Whom It May Concern,

I, [Your Name], the undersigned, hereby authorize [Authorized Person's Name], [Authorized Person's Title/Relationship], to act on my behalf in all matters related to the management and administration of the trust fund established for [Beneficiary's Name or Purpose of the Trust].

This authorization includes, but is not limited to, the following:

- Accessing trust fund information
- Making investment decisions
- Distributing funds as per the trust terms
- Communicating with financial institutions and advisors

This authorization is effective immediately and will remain in effect until revoked in writing.

Should you require any further information or confirmation, please do not hesitate to contact me at [Your Phone Number] or [Your Email Address].

Thank you for your attention to this matter.

Sincerely,

[Your Signature]

[Your Printed Name]

[Your Address]